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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Bocament Names)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

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T. SCOTT



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#### COVER LETTER

TO: New Filing Section Division of Corpo					
SUBJECT: UN	255ailal (Name of Res	de. Soluting Florida Limited C	tias De		
The enclosed Articles of G Business Entity" into a "F	Conversion, Articl Florida Limited Li	les of Organization, ability Company" in	and fees are submitted accordance with s. 60	to convert an "O 5.1045, F.S.	ther
Please return all correspon	ndence concerning	g this matter to:			
Valerie J. Umssailab	AWORSKI Onlact Person) e Salutia	i ms IIC			
2883 Lar	rm/Company) OMOS C (Address)	iR 2002/			
Valekie Kandes E-mail Address: (to be used	State and Zip Code)  Lip Wal  I for luture annual rep	sailable Sort notifications)	solutions.c	dM	
For further information co Valerie Tavo (Name of Contact Per	eski	at ( <u>540</u> )	103 - 3297 aytime Telephone Number	7	
Enclosed is a check for the dollars and drawn on a bar	e following amou nk located in the U	nt: (All checks proce Inited States)	essed by this office mu	st be payable in t	JS
	155.00 Filing Fees Certificate of us	□\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees Certified Copy, and Certificate of Status		,
Mailing Address: New Filing Section Division of Corpor P.O. Box 6327 Fallahassee, FL 32	rations	New Divi The 241:	et Address: Filing Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, St ahassee, F1, 32303	FUR	# 1040 #160° CasheD
INHS11 (7/17)			on 7/29' attacher For the	s Check	S

# **Articles of Conversion**

For

# "Other Business Entity"

Into

# Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LUC S - COO (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on O9 21 2014 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:  (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.
AUG 16 A

Signed this day of August	_20
Signature of Authorized Representative of Lim	/ I A
Signature of Authorized Representative: Printed Name: WIKK JAWARK	
Signature(s) of behalf of Other Business Entity:	[See below for required signature(s)]
Signature: AUJU VARRE JAWARY	aTitle: Se member mor
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Communication	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer \
If Directors or Officers have not been selected, an Inc	corporator must sign.
HCPlanida Cananal Davida and Science 12, 25, 114, 199	. B
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
organitate of an aumorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

#### Note that the second of the se

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:
Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
2883 Lanouins Cir P.D. Bex 596 Fernandina Brach, Fl 32034 Fern Boh, Fl 32035-2596
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The United Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Valerie Jaworski Name
2883 LANDYOS CIR Florida street address (Plo. Box <u>NOT</u> acceptable)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my besition as registered agent as provided for in Chapter 605, F.S..

egistered Agent Signature (REQUIRED)

(CONTINUED)

### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Valerie Taworski 2883 Langios Cir Felh Boh, Fr 32034
, <del>,</del> ,	
(Use attachment if necessary)	
<b>ARTICLE V</b> : Other provisions, if any.	
REQUIRED SICKLY UKE	<i>\( \)</i>
Signature of a member or	an authorized representative of a member
any false information submitted in a docur	with section 605.0203 (1) (b). Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony
as provided for in s.817,155, F.S.	waski
- Valerie Jav	ped or printed name of signee
• * 1	ped of printed fame of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)